



TOWN OF BROOKFIELD

OFFICE OF THE TAX COLLECTOR

100 POCONO ROAD, P.O BOX 508
BROOKFIELD, CT 06804
Tel. (203) 775-7304 - Fax (203) 775-5317

CHANGE OF ADDRESS FORM

We have noticed a different address on your correspondence. If you wish to change your address please complete the information below. If we do not receive a completed, signed address form from you, we will continue to use the current address on all future bills and correspondence.

Date: _____

Owner Name: _____

Real Estate: _____

Unique ID# _____

Personal Property: _____

Unique ID# _____

Motor Vehicle: _____

Registration# _____

Old Address:

New Address:

I authorize you to change the address on the above accounts:

Print Name

Signature

Tax Office Use Only:

Date Received and Employee Initials

Date Entered in Computer and Employee Initials